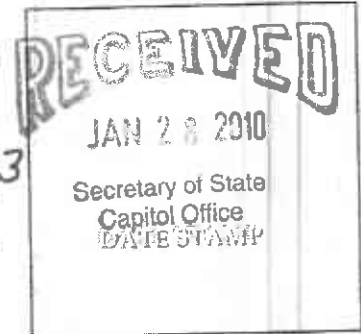


Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS



Candidate's Name Nickey Browning  
Full Address 162 W. Oxford St. Pontotoc Ms. 38963  
Telephone 662-489-5979 (Fax) \_\_\_\_\_  
E-mail \_\_\_\_\_  
Office Sought State Senator Political Party Dem.

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009) ..... All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

|                               | (itemized + non-itemized) | This Period         | Calendar year-to-date |
|-------------------------------|---------------------------|---------------------|-----------------------|
| Total amount of contributions | <u>3000.00 + 750.00</u>   | \$ <u>3750.00</u>   | \$ <u>3750.00</u>     |
| Total amount of disbursements | <u>2217.37 + 1361.58</u>  | \$ <u>3578.95</u>   | \$ <u>3578.95</u>     |
| Total amount of cash on hand  |                           | \$ <u>16,556.57</u> |                       |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Nickey Browning  
Signature of Candidate

1-27-10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Nicky Browning  
 Reporting period 1-1-09 through 12-31-09

## ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____            | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
|---|---------------------------|--|
| Full name<br><u>Grand Trunk Western Railroad Co.</u>  | <u>12/11/09</u>           | \$ <u>250.00</u>                         |
| Mailing Address<br><u>P.O. Box 5025</u>   | <u>1/1/</u>               | \$                                       |
| City, State, Zip Code<br><u>Troy Michigan 48007-5025</u>  | <u>1/1/</u>               | \$                                       |
| Name of Employer (Required)<br><u>Grand Trunk Western Railroad</u>  | <u>1/1/</u>               | \$                                       |
| Occupation (Required)<br><u>railroad</u>  | Aggregate<br>year-to-date | \$ <u>250.00</u>                         |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____            | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br><u>Weyerhaeuser</u>  | <u>12/30/09</u>           | \$ <u>250.00</u>                         |
| Mailing Address<br><u>P.O. Box 9769</u>   | <u>1/1/</u>               | \$                                       |
| City, State, Zip Code<br><u>Federal Way Wa. 98063-9769</u>  | <u>1/1/</u>               | \$                                       |
| Name of Employer (Required)<br><u>Weyerhaeuser</u>  | <u>1/1/</u>               | \$                                       |
| Occupation (Required)<br><u>Wood Products</u>   | Aggregate<br>year-to-date | \$ <u>250.00</u>                         |
| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____            | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br><u>Electric Power Associations</u>   | <u>12/30/09</u>           | \$ <u>500.00</u>                         |
| Mailing Address<br><u>P.O. Box 3300</u>   | <u>1/1/</u>               | \$                                       |
| City, State, Zip Code<br><u>Ridgeland Ms. 39158</u>   | <u>1/1/</u>               | \$                                       |
| Name of Employer (Required)   | <u>1/1/</u>               | \$                                       |
| Occupation (Required)<br><u>Electric Power</u>  | Aggregate<br>year-to-date | \$ <u>500.00</u>                         |
| D. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br><u>Comcast Cable</u>   | <u>6/22/09</u>            | \$ <u>250.00</u>                         |
| Mailing Address   | <u>1/1/</u>               | \$                                       |
| City, State, Zip Code<br><u>Jackson Ms.</u>   | <u>1/1/</u>               | \$                                       |
| Name of Employer (Required)<br><u>Comcast</u>   | <u>1/1/</u>               | \$                                       |
| Occupation (Required)<br><u>Tv. Cable</u>   | Aggregate<br>year-to-date | \$ <u>250.00</u>                         |

Name of Candidate or Committee Nickey Browning  
 Reporting period 1-1-09 through 12-31-09

## ITEMIZED RECEIPTS

|  |  |                           |  |
|--|--|---------------------------|--|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br><u>Advance America</u>  |  | <u>7/23/09</u>            | \$ <u>500.00</u>                         |
| Mailing Address<br><u>135 N. Church Street</u>   |  | <u>1/1/</u>               | \$                                       |
| City, State, Zip Code<br><u>Spartanburg S.C. 29306</u>   |  | <u>1/1/</u>               | \$                                       |
| Name of Employer (Required)<br><u>Advance America</u>  |  | <u>1/1/</u>               | \$                                       |
| Occupation (Required)<br><u>Check into Cash</u>  |  | Aggregate<br>year-to-date | \$ <u>500.00</u>                         |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br><u>A + Mississippi Political Action Com</u>   |  | <u>12/1/09</u>            | \$ <u>500.00</u>                         |
| Mailing Address<br><u>175 E. Capital St. Landmark Center</u>   |  | <u>1/1/</u>               | \$                                       |
| City, State, Zip Code<br><u>Jackson, Ms. 39201</u>   |  | <u>1/1/</u>               | \$                                       |
| Name of Employer (Required)  |  | <u>1/1/</u>               | \$                                       |
| Occupation (Required)  |  | Aggregate<br>year-to-date | \$ <u>500.00</u>                         |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br><u>Altria Client Services Inc.</u>  |  | <u>12/1/09</u>            | \$ <u>500.00</u>                         |
| Mailing Address<br><u>6601 West Broad St.</u>  |  | <u>1/1/</u>               | \$                                       |
| City, State, Zip Code<br><u>Richmond Va. 23230</u>   |  | <u>1/1/</u>               | \$                                       |
| Name of Employer (Required)  |  | <u>1/1/</u>               | \$                                       |
| Occupation (Required)  |  | Aggregate<br>year-to-date | \$ <u>500.00</u>                         |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name<br><u>BNSF Railway Company</u>   |  | <u>12/1/09</u>            | \$ <u>250.00</u>                         |
| Mailing Address<br><u>2500 Lou Menk Drive AOB-3</u>  |  | <u>1/1/</u>               | \$                                       |
| City, State, Zip Code<br><u>Fort Worth Tx 76131</u>  |  | <u>1/1/</u>               | \$                                       |
| Name of Employer (Required)<br><u>BNSF Railway Company</u>   |  | <u>1/1/</u>               | \$                                       |
| Occupation (Required)<br><u>Railroad</u>   |  | Aggregate<br>year-to-date | \$ <u>250.00</u>                         |

Name of Candidate or Committee Nicky Browning  
 Reporting period 1-1-09 through 12-31-09

## ITEMIZED DISBURSEMENTS

|  |   |  |
|--|---|--|
| A. Full name<br><u>Cellular South</u>              | Date<br>(Mo., Day, Year)<br><u>2/17/09</u>  | Amount of each<br>disbursement this period<br>\$ <u>131.34</u> |
| Mailing Address<br><u>P.O. Box 159</u>             |   |  |
| City, State, Zip Code<br><u>Meadvile Ms. 39653</u> | <u>2/23/09</u>                              | \$ <u>119.93</u>   |
| Purpose of Disbursement (Optional)                 | Aggregate<br>Year-to-date                   | \$   |
| B. Full name<br><u>Same as above</u>               | Date<br>(Mo., Day, Year)<br><u>3/26/09</u>  | Amount of each<br>disbursement this period<br>\$ <u>119.96</u> |
| Mailing Address                                    |   |  |
| City, State, Zip Code                              | <u>4/20/09</u>                              | \$ <u>119.96</u>   |
| Purpose of Disbursement (Optional)                 | Aggregate<br>Year-to-date                   | \$   |
| C. Full name<br><u>Same as above</u>               | Date<br>(Mo., Day, Year)<br><u>5/28/09</u>  | Amount of each<br>disbursement this period<br>\$ <u>115.94</u> |
| Mailing Address                                    |   |  |
| City, State, Zip Code                              | <u>6/29/09</u>                              | \$ <u>120.40</u>   |
| Purpose of Disbursement (Optional)                 | Aggregate<br>Year-to-date                   | \$   |
| D. Full name<br><u>Same as above</u>               | Date<br>(Mo., Day, Year)<br><u>7/19/09</u>  | Amount of each<br>disbursement this period<br>\$ <u>124.46</u> |
| Mailing Address                                    |   |  |
| City, State, Zip Code                              | <u>8/10/09</u>                              | \$ <u>125.35</u>   |
| Purpose of Disbursement (Optional)                 | Aggregate<br>Year-to-date                   | \$   |
| E. Full name<br><u>Same as above</u>               | Date<br>(Mo., Day, Year)<br><u>9/18/09</u>  | Amount of each<br>disbursement this period<br>\$ <u>116.45</u> |
| Mailing Address                                    |   |  |
| City, State, Zip Code                              | <u>10/12/09</u>                             | \$ <u>120.43</u>   |
| Purpose of Disbursement (Optional)                 | Aggregate<br>Year-to-date                   | \$   |
| F. Full name<br><u>Same as above</u>               | Date<br>(Mo., Day, Year)<br><u>11/27/09</u> | Amount of each<br>disbursement this period<br>\$ <u>130.96</u> |
| Mailing Address                                    |   |  |
| City, State, Zip Code                              | <u>1/1/10</u>                               | \$   |
| Purpose of Disbursement (Optional)                 | Aggregate<br>Year-to-date                   | \$ <u>1345.18</u>  |

Name of Candidate or Committee

Nicky Brown

Page

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of

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Reporting period

1-1-09

through

12-31-09

## ITEMIZED DISBURSEMENTS

|                                    |  |                        |                          |
|------------------------------------|--|------------------------|--------------------------|
| A. Full name                       |  | Date                   | Amount of each           |
| U.S. Postal System                 |  | (Mo., Day, Year)       | disbursement this period |
| Mailing Address                    |  |                        |                          |
| 305 Hwy 15                         |  | 3/4/09                 | \$ 42.00                 |
| City, State, Zip Code              |  | 5/18/09                | 70.00                    |
| Pontotoc MS 38863                  |  | 8/10/09                | \$ 44.00                 |
| Purpose of Disbursement (Optional) |  | 12/23/09               | 88.00                    |
|                                    |  | Aggregate Year-to-date | \$ 254.00                |
| B. Full name                       |  | Date                   | Amount of each           |
| MS. State University               |  | (Mo., Day, Year)       | disbursement this period |
| Mailing Address                    |  |                        |                          |
| City, State, Zip Code              |  | 9/18/09                | \$ 100.00                |
| Sterkville MS                      |  | 9/18/09                | \$ 275.00                |
| Purpose of Disbursement (Optional) |  | Aggregate Year-to-date | \$ 375.00                |
| C. Full name                       |  | Date                   | Amount of each           |
| Wal-mart                           |  | (Mo., Day, Year)       | disbursement this period |
| Mailing Address                    |  |                        |                          |
| 350 Wal-mart Cir.                  |  | 4/6/09                 | \$ 81.65                 |
| City, State, Zip Code              |  | 11/18/09               | \$ 36.35                 |
| Pontotoc MS 38863                  |  | Aggregate Year-to-date | \$ 119.00                |
| Purpose of Disbursement (Optional) |  | Date                   | Amount of each           |
| D. Full name                       |  | (Mo., Day, Year)       | disbursement this period |
| Wal - Mart                         |  |                        |                          |
| Mailing Address                    |  | 12/20/09               | \$ 125.19                |
| 350 Wal-mart Cir.                  |  | 1/1/                   | \$                       |
| City, State, Zip Code              |  | Aggregate Year-to-date | \$ 125.19                |
| Pontotoc MS 38863                  |  | Date                   | Amount of each           |
| Purpose of Disbursement (Optional) |  | (Mo., Day, Year)       | disbursement this period |
| E. Full name                       |  |                        |                          |
| Mailing Address                    |  | 1/1/                   | \$                       |
| City, State, Zip Code              |  | 1/1/                   | \$                       |
| Purpose of Disbursement (Optional) |  | Aggregate Year-to-date | \$                       |
| F. Full name                       |  | Date                   | Amount of each           |
| Mailing Address                    |  | (Mo., Day, Year)       | disbursement this period |
| City, State, Zip Code              |  | 1/1/                   | \$                       |
| Purpose of Disbursement (Optional) |  | 1/1/                   | \$                       |
|                                    |  | Aggregate Year-to-date | \$                       |